FORM (FEO-475 (Flox, 8500)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in solumn 2, write "U" in column 3.

"If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 50, enter "20.

"If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 5, enter "3."

The "Fighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column.

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OR

OR

X80-

+270=

ADDIT FEE

X40=

+135=

09870344

09/8/0544